

Amdt A / #12
J 1.24.03 004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0142
Inventors: Macina et al.
Serial No.: 09/802,674
Filing Date: March 9, 2001
Examiner: Harris, Alana M.
Group Art Unit: 1642
Title: Methods of Diagnosing, Monitoring,
Staging, Imaging and Treating
Gastrointestinal Cancer

Certificate of Facsimile Transmission

I hereby certify that this document is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

On January 21, 2003


Kathleen A. Tyrrell, Registration No. 38,350

U.S. Patent & Trademark Office
P.O. Box 2327
Arlington, VA 22202

Dear Sir:

Reply under 37 C.F.R. 1.111

This is a reply to the Office Action mailed October 18, 2002 setting a three (3) month statutory period for response. Please enter the following remarks and amendments into the record.

In the Claims:

✓ Please cancel claims 6-10 without prejudice.

✓ Please amend the claims as follows:

FACSIMILE COVER SHEET

FAX RECEIVED

JAN 22 2003

GROUP 1600

Licata & Tyrrell P.C.

66 E. Main Street
Marlton, New Jersey

Tel: (856) 810-1515

Fax: (856) 810-1454

January 21, 2003

OFFICIAL

TO: Examiner Harris (TC 1600)

GROUP: 1642

FAX NUMBER: 703-872-9306

ATTORNEY DOCKET NO.: DEX-0142

SERIAL NO.: 09/802,674

FILED: March 9, 2001

NUMBER OF PAGES:

MESSAGE: Attached for filing please find our Reply under 37 C.F.R. 1.111. Kindly forward confirmation of filing receipt.

KATHLEEN A. TYRRELL, Registration No. 38,350

URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!

* * * * *

If you have any questions, or did not receive the proper number of pages, or had trouble during transmission, please call 856-810-1515.

CONFIDENTIALITY NOTICE

The information contained in this facsimile message is legally privileged and confidential, and intended only for the use of the individual(s) and/or entity(ies) named above. If you are not the intended recipient, you are hereby notified that any unauthorized disclosure, copying distribution or taking of any action in reliance on the contents of the telecopied materials is strictly prohibited and review by any individual other than the intended recipient shall not constitute waiver of the attorney client privilege. If you have received this transmission in error, please immediately notify us by telephone in order to arrange for the return of the materials. Thank you.

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Macina et al.

Docket No.

DEX-0142

Serial No.

09/802,674

Filing Date

March 9, 2001

Examiner

Alana M. Harris

Group Art Unit

1642

Invention: Methods of Diagnosing, Monitoring, Staging, Imaging and Treating Gastrointestinal Cancer

I hereby certify that this Reply under 37 C.F.R. 1.111 with attachments (2 pages)

(Identify type of correspondence)

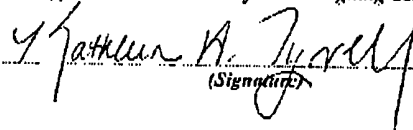
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)

on January 21, 2003

(Date)

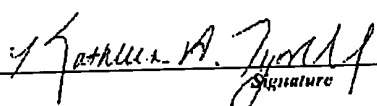
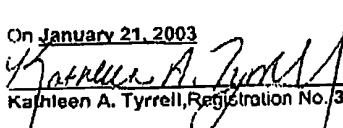
Kathleen A. Tyrrell

(Typed or Printed Name of Person Signing Certificate)



(Signature)

Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. DEX-0142	
Applicant(s): Macina et al.					
Serial No. 09/802,674	Filing Date March 9, 2001	Examiner Alana M. Harris	Group Art Unit 1642		
Invention: Method of Diagnosing, Monitoring, Staging, Imaging and Treating Gastrointestinal Cancer					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5	20	0	x \$18.00	\$0.00
INDEP. CLAIMS	5	5	0	x \$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Kathleen A. Tyrrell, Registration NO. 38,350			Dated: January 21, 2003		
LICATA & TYRRELL P.C. 66 East Main Street Marlton, New Jersey 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"> Certificate of Facsimile Transmission I hereby certify that this document is being facsimile transmitted to the Patent and Trademark Office on the date shown below. On January 21, 2003  Kathleen A. Tyrrell, Registration No. 38,350 </div>		
CC:					

P11LARGE/REV09